

**APPLICATION DATA SHEET****Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title :: EXTRACTIVE PURIFICATION OF  
LIPOPEPTIDE ANTIBIOTICS  
Attorney Docket Number:: 660081.425C1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: Yes  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency::  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Donald
Middle Name::	B.
Family Name::	Borders
Name Suffix::	
City of Residence::	Suffern
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	13 Heatherhill Lane
City of mailing address::	Suffern
State or Province of mailing address::	NY
Country of mailing address::	US
Postal or Zip Code of mailing address::	10901

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Noreen
Middle Name::	D.
Family Name::	Francis
Name Suffix::	
City of Residence::	Suffern
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	84 Wilder Road
City of mailing address::	Suffern
State or Province of mailing address::	NY
Country of mailing address::	US
Postal or Zip Code of mailing address::	10901

**Third Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Amedeo
Middle Name::	A.
Family Name::	Fantini
Name Suffix::	
City of Residence::	New City
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	2 The Glen
City of mailing address::	New City
State or Province of mailing address::	NY
Country of mailing address::	US
Postal or Zip Code of mailing address::	10956

**Correspondence Information**Correspondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/948,374	09/06/01
09/948,374	Non-Provisional claiming the benefit under 35 U.S.C. 119(e) of	60/286,254	04/24/01
09/948,374	Continuation-in-part	09/760,328	01/12/01
09/760,328	Non-Provisional claiming the benefit under 35 U.S.C. 119(e) of	60/219,059	07/17/01
09/760,328	Non-Provisional claiming the benefit under 35 U.S.C. 119(e) of	60/220,950	07/26/01

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	MICROLOGIX BIOTECH INC.
Street of mailing address::	3650 Wesbrook Mall
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6S 2L2

468803 [9/19/01]